

## **STATE OF ARKANSAS**

## CIRCUIT COURT, JUVENILE DIVISION: DELINQUENCY COVER SHEET (Page 1 of 3)

The juvenile division reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form.

FILING INFORI			District:	· · · · · · · · · · · · · · · · · · ·	Case Number		
County:						Case Number: JV-	
Judge:		<del> </del>	Division:		Petition Filing	Date:	
Name of Juveni			···		Date of Birth:		
	Last	First	M	ddle		·	
Social Security	No		Male Female	Race:	African American Asian Caucasian	□ Hispanic □ Native American □ Other	
School Status:	□ Under School Age □ Not Attending	□ Full-Time :□ Suspende	Student □ Pa	art-Time Stude pelled	- 18 645 - July - 100	ucation Student  □ GED	
Manner of Filing	g: 🗆 Original 🗆 Transfe	er from: □ Cire	cuit, Criminal	□ Other			
Related Case(s	): Judge			_ Case Nur	mber(s):		
Custody Inform Child Taken Into □ Law Enforcen □ Other	Custody By:		ly Date: □ Taken to J □ Placed In .	uvenile Deten		ation ome or to Relative/Adult	
Arrest Informa	tion:						
Offense Date:	Offense Date:	<i>F</i>	Arrest Tracking N	umber:	SID Number:		
2. Code Number	10.4	Туре	Class	Counts	Offense Name		
3. Code Number		Type	Class	Counts	Offense Name		
4. Code Number		Туре	Class	Counts	Offense Name		
5. Code Number		Type	Class	Counts	Offense Name		
Firearm Used:	□ Yes □ No □ Unknowr						
	NFORMATION: mation: Child's Attorney N	lame:	·		□ Retained □ F	Public Defender □ Appointed	
Detention Hear	r <b>ing</b> Hearing Date: Ty Order Date:	rpe: □ Bench		C	hild's Attorney Prese	nt: □ Yes □ No	
□ Continue Dete	ention						
□ Release:	<ul> <li>□ Personal Recognizance</li> <li>□ Parent, Guardian or Cu</li> <li>□ Qualified Person or Age</li> <li>□ Reasonable Restriction</li> </ul>	stodian ency	□ Order to A □ Bond □ Other	ppear			
	re			 Date			

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## **DELINQUENCY COVER SHEET CONTINUED (Page 2 of 3)**

Juvenile Name:		Case Number: <u>JV-</u>					
Transfer Hearing:		Hearin	Type: □ Benc		hild's Attorney Present: □ Yes □ No		
□ Transferred to Circu				□ Other			
Clerk's Signature			<del></del>	Date			
Adjudication/Disposition Hearing:		Type: □ Bench □ Plea			hild's Attorney Present: □ Yes □ No		
<i>Adjudication</i> □ Petition Dismissed □ Adjudicated Delinqu	uent for the Follow		different from an	_	1)		
1. Code Number		Туре	Class	Counts	Offense Name		
2. Code Number		Туре	Class	Counts	Offense Name		
3. Code Number		Туре	Class	Counts	Offense Name		
Disposition: Heari	ng Date:		Order	Date:	an dates listed above)		
□ Order juvenile to su □ Order family membe □ Order parent/guardi □ Order parent/guardi □ Order: □ Pro □ Re: □ Fin □ Suspended Driver's	er to submit to eva ian to attend pare ian to pay juvenile obation: # Months stitution \$ e \$	aluations: nt responsibility cost of:	training program  □ Commitmen  □ Indetermina  □ Public Servi  □ Court Costs	□ Psychi t □ Detent te	atric □ Psychological		
Clerk's Signature				Date			
Probation Revocation	on Hearing:	Petition Filing	Date:	Hearing			
Child's Attorney Present: □ Yes □ No Order Date: □ Extend Probation □ Impose Additional Conditions of Probation					Type: □ Bench □ Plea		
□ Enter Delinquency	Disposition pursua	ant to A.C.A. § 9	9-27-330:				
	DYS □ Placeme	_	enile Detention F	acility 🗆 Ho	ome Detention with Electronic Monitoring		
□ Transfer Cu	ustody:   Licens	sed Agency	Relative D	ther			
□ Other delin	quency dispositio	ns:			and the said Market Control of the said of		
i outer delin	queriey diopositio						
Clerk's Signature	W-17			Date			

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## **DELINQUENCY COVER SHEET CONTINUED (Page 3 of 3)**

Juvenile Name:				Case Number: <u>JV-</u>					
Additional Court	Action								
Hearing Date:	Orde	r Date:							
□ Adoption □ (		ardianship		□ Civi	l Commitment	□ Paternity			
□ Custody □		Child Support		□ IV-D Case (For OCSE us		se only)			
Plaintiff SSN:			DOB:	_					
Payee (Custodial P  Public Law 104-19  □ ( ) Cu □ ( ) Sp	arent/Other) Address  3 Information: ustody Placed With: hild Support pousal Support	S: Plaintiff □ New □ New	□ Defe	DOB: DOB: DOB: DOB:		SSN: SSN: SSN: SSN:			
, ,	rder of Protection come Withholding	☐ Plaintiff Employer Address	□ Defe						
Clerk's Signature					Date		<del></del>		

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Send 1 Copy to AOC upon filing. Send 1 Copy to AOC upon disposition. Keep original in Court file.